Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

| CLAIMS AS FILED - PART I   |  |   |                  |                               |   |                         |                  | SMALL ENTITY        |                        | OTHER THAN OR SMALL ENTITY |                     |                                       |  |
|--|--|---|------------------|-------------------------------|---|-------------------------|------------------|---------------------|------------------------|----------------------------|---------------------|---------------------------------------|--|
| TOTAL CLAIMS   |  |   | (Column 1)       |                               | (Column 2)                                    |                         |                  | TYPE                |                        | OR                         | SMALL               | ENTITY                                |  |
| TOTAL CLAIMS   |  |   | 12               |                               |   |                         |                  | RATE                | FEE                    |                            | RATE                | FEE                                   |  |
| FOR  |  |   | NUMBER FILED     |                               | NUMBI   | ER EXTRA                |                  | BASIC FEE           | 355.00                 | OR                         | BASIC FEE           | 710.00                                |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | ( 2_minus 20=    |                               | * O   |                         | 1                | X\$ 9=              |                        | OR                         | X\$18=              |                                       |  |
|  | EPENDENT CI  | 2 minus 3 =                               |                  | · Ø                           |   | 1                       | X40=             |                     | OR                     | X80=                       | i-r                 |                                       |  |
| ML   | ILTIPLE DEPEN  | IDENT CLAIM P                             | RESENT           |                               |   |                         |                  | +135=               |                        | OR                         | +270=               |                                       |  |
| * If   | the difference   | in column 1 is                            | less than ze     | ro, enter                     | r "0" in c                                    | olumn 2                 |                  | TOTAL               |                        | OR                         | TOTAL               | 70                                    |  |
| CLAIMS AS AMENDED - PART II  |  |   |                  |                               |   |                         |                  |                     |                        |                            | OTHER               | THAN                                  |  |
| , 14, 1  | (Column 1) (Co   |   |                  |                               |   | mn 2) (Column 3)        |                  |                     | SMALL ENTITY           |                            |                     | R SMALL ENTITY                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVIC<br>PAID | BER   | PRESENT<br>EXTRA        |                  | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE                |  |
| NDN  | Total  | . 13                                      | Minus            | ··                            | <u>()                                    </u> | =                       |                  | X\$ 9=              |                        | OR                         | X\$18=              |                                       |  |
| AME  | Independent  | NTATION OF M                              | Minus            | ***                           | O AINA  | =                       | ┨ ┃              | X40=                |                        | OR                         | X80=                |                                       |  |
| FIRST PRESENTATION OF MULTIPLE DEPEND  |  |   |                  | ENDEN                         | CLAIIVI                                       |                         | J                | +135=               |                        | OR                         | +270=               | •                                     |  |
| CARREST CONTRACTOR OF THE SECOND STATES OF THE SECOND SECO |  |   |                  |                               |   |                         |                  | TOTAL               |                        | OR                         | TOTAL<br>ADDIT. FEE |                                       |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                  |                               |   |                         |                  | ADDIT. FEE          |                        |                            | ADDIT. FEE          |                                       |  |
| - 1  |  | CLAIMS                                    | 1                | HIGH                          |   | Column 3                | 'n r             |                     | ADDI                   | l I                        |                     | ADDI                                  |  |
| ENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |                  | NUM<br>PREVIO<br>PAID         | DUSLY.  | PRESENT<br>EXTRA        |                  | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE                |  |
| AMENDMENT  | Total  | 17  | Minus            | )                             | ) () ··                                       | <u></u>                 |                  | X\$ 9=              |                        | OR                         | X\$18=              | •                                     |  |
|  | Independent  | NITATION OF MI                            | Minus            | ***                           | 5<br>CLAIM                                    | -                       | 4 [              | X40=                |                        | OR                         | X80=                | 1                                     |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |                  |                               |   |                         |                  | +135=               | ·                      | OR                         | +270=               |                                       |  |
|  |  |   |                  |                               |   |                         | •                | TOTAL               |                        | OR                         | TOTAL               | , , , , , , , , , , , , , , , , , , , |  |
| ADDIT. FEE ADDIT. FEE ADDIT. FEE (Column 1)  |  |   |                  |                               |   |                         |                  |                     |                        |                            |                     | ٠.                                    |  |
| _  | 20 65 4 8 62 20 124 or 1.  | CLAIMS                                    |                  | HIGH                          |   | Coldinii                | 7 r              |                     | ADDI.                  |                            | · · · · · ·         | ADDI                                  |  |
| AMENDMENT  |  | REMAINING<br>AFTER<br>AMENDMENT           | ·                | NUM<br>PREVIO<br>PAID         | DUSLY   | PRESENT                 |                  | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE                |  |
| S<br>S   | Total  |   | Minus.           | 2                             | 0   | = '                     |                  | X\$ 9=              |                        | OR                         | X\$18=              | ,                                     |  |
| AME  | Independent  | . 2                                       | Minus            | ***                           | -3  | = -                     | 11               | X40=                |                        | OR                         | X80=                | 1                                     |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                     |   |                  |                               |   |                         | ┙┟               | +135=               |                        | OR                         | +270=               |                                       |  |
|  | If the entry in column 1 is less than the ntry in column 2, write "0" in column 3. |   |                  |                               |   |                         |                  |                     |                        |                            | TOTAL               |                                       |  |
| 1  | If the "Highest Nu   | mber Previously Pa<br>mber_Previously P   | aid For" IN THI: | S SPACE i                     | s less thai                                   | n 20, enter <b>"</b> 2( | )." <sub>/</sub> | TOTAL<br>ADDIT. FEE |                        | OR                         | ADDIT. FEE          |                                       |  |
|  | The "Highest Nun   | nber Previously Pa                        | id For (Total or | rindepend                     | ent) is the                                   | highest numb            | oer fou          | ind in the app      | propriate box          | (in co                     | lumn 1.             | · ·                                   |  |

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